


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 28
Seci

DOCUMENT # N96000004826

1. Entity Name
REVELATION MISSIONARY BAPTIST CHURCH, INC



Principal Place of Business
**1929 NW 54TH ST.
MIAMI, FL 33147**

Mailing Address
**1929 NW 54TH ST.
MIAMI, FL 33147**

DO NOT WRITE IN THIS SPACE



04242004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0701351

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DURANT, R.L.
1775 NW 83RD ST.
MIAMI, FL 33147**

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature: typed or printed name of registered agent and the filer if applicable (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP DURANT, R.L. 1775 NW 83RD ST. MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DS WILLIAMS, GRACIE 2763 NW 57 STREET MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV DAY, ARTHUR 2738 DEWEY STREET HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DURANT, RAYMOND B 8841 NW 18 AVE MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LEGGITT, MARY 1200 NW 65 STREET MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

U00000137262
04/29/04-80032-021 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rev Raymond L Durant*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/04 (305) 355-5158
Date Daytime Phone #